



Policy Considerations for Health Care Reform and the Safety Net in Iowa

- Safety net providers will become more integrated with the traditional delivery system, but there will be remaining underserved populations post-reform (Massachusetts experience).
- Safety net providers started the journey of reform with some unique characteristics where their missions and approach to care align with the patient-centered health home concept. However, they have significant infrastructure needs to become better integrated with the traditional delivery system (i.e. health information technology, care management, provider recruitment).
- Newly designed payment methodologies must be developed to support delivery system change and be inclusive of non-traditional providers that impact health (public health, community action, legal aid, etc.).
- Any delivery system change should place the patient, family, and primary care team at the center of the model.
- The State Innovation Model plan and process include the following:
 - Openness for all models and more than one entity in each state-prescribed region.
 - Risk adjustment inclusive of clinical, social, economic, and other factors.
 - A payment methodology that supports community care coordination infrastructure.
 - Robust, timely, and actionable analytics and data available to all providers.